

Adequate Action Notice

An Adequate Action Notice must be sent when the **new applicant** appears to be ineligible for services based on the Michigan Medicaid Nursing Facility Level of Care Determination.

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(PACE Provider Letterhead)
Adverse Action Notice

Adequate Action Notice

Date:

Name:

Address:

City, State, Zip code

Dear _____:

Following a review of your long term care needs, it has been determined that you do not qualify for PACE Program services based on the Michigan Medicaid Nursing Facility Level of Care Determination. You did not qualify under any of the following eligibility categories: Activities of Daily Living, Cognition, Physician Involvement, Treatments and Conditions, Skilled Rehabilitative Therapies, Behavior, or Service Dependencies. The legal basis for this decision is 42 CFR 440.230 (d).

If you do not agree with this action, you may request all or any of the following:

Immediate Review: To obtain an Immediate Review, you must contact the Michigan Peer Review Organization (MPRO) at 800-727-7223 before 12:00 PM (noon) of the next business day following your receipt of this notice.

Medicaid Fair Hearing: To request a Medicaid Fair Hearing, complete a "Request for an Administrative Hearing" (DCH-0092) form and mail it to:

**Administrative Tribunal
Michigan Department of Community Health
PO Box 30763
Lansing, Michigan 48909**

The Medicaid Fair Hearing Request **must** be:

- **Received within 90 calendar days of the date of this notice**
- In writing, and
- Signed by you or a person authorized to sign for you

Expedited Hearing: You may request an expedited hearing if waiting for a standard Medicaid Fair Hearing would seriously jeopardize your life or health or would jeopardize your ability to attain, maintain, or regain maximum functioning. To request an expedited hearing, telephone 877-833-0870 toll free.

Local Appeal: You may request a Local Appeal orally or in writing by contacting your PACE program within 45 calendar days of the date of this notice. To request a local appeal contact your PACE program at the following address and telephone number:

**Center for Senior Independence
7800 West Outer Drive
Detroit, Michigan 48235
313-653-2020**

Expedited Local Appeal: You may request an expedited local appeal if waiting for a standard local appeal would seriously jeopardize your life or safety or would jeopardize your ability to attain, maintain, or regain maximum functioning. To request an expedited local appeal contact your PACE program at the address and telephone number provided for local appeals.

You may request both a Local Appeal and a Medicaid Fair Hearing.

Sincerely,
(provider representative)